



United States Department of the Interior

NATIONAL PARK SERVICE  
UNITED STATES PARK POLICE

Headquarters  
1100 Ohio Drive, S.W.  
Washington, D.C. 2002

## PHYSICAL EFFICIENCY BATTERY “WAIVER”

I \_\_\_\_\_ understand that I am required to undergo and meet the minimum standards the Physical Efficiency Battery (PEB) test as part of the entrance requirements for employment as a United States Park Police Officer.

I have no known medical conditions that prevent me from participating in the PEB exercise,

I also understand and acknowledge that I am required to meet a 70% efficiency score and failure of any individual segment of the PEB is a failure of the entire PEB test.

Date of my last medical examination: \_\_\_\_\_

Name and address of my medical doctor: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What was the purpose of your last medical examination:

\_\_\_\_\_  
\_\_\_\_\_

Are there any medical conditions we need to be aware of?

**YES or NO (Circle One) If yes, explain: (*attach documentation as needed*)**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Applicant Printed Name*

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date of Signature*

- **This Waiver is effective for 6 Six Months from the date of the Applicant Signature**

Revised 10/09

